

Great Lakes Border Health Initiative: Education and Training Survey for Local Health Partners

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Great Lakes Border Health Initiative Conference
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Grant Deliverables Related to Training

- Formative evaluation regarding the needs of border tribes/First Nations. Presentation of at least one training opportunity related to those needs
- Formative evaluation (utilizing electronic surveys) regarding the needs of both local health departments and tribal health leaders in border areas. Partner with Schools of Public Health and/or identify other training materials/opportunities in response to the needs evaluation.

Education and Training Committee formed to address these deliverables



Methodology

- A survey was developed and administered on a voluntary basis
 - Local public health departments
 - Tribal/First Nation members
- Two identical versions of the survey were created
 - Participants in the United States
 - Participants in Canada



Methodology



- Format
 - Adobe pdf format
 - Online via Survey Monkey
- Time period
 - Conducted between April 16 and May 28, 2007
- Measured on a 7 point Likert Scale
 - Perceived knowledge of various health topics
 - Interest in attending an education seminar

Methodology

- Likert Scale
 - Strongly Agree (7), Agree (6), Somewhat Agree (5), Neither Agree Nor Disagree (4), Somewhat Disagree (3), Disagree (2), or Strongly Disagree (1)
 - Due to the limited number of participants, responses are consolidated into two categories: “Disagree” which encompasses Strongly Disagree, Disagree and Somewhat Disagree and “Agree” which encompasses Strongly Agree, Agree, and Somewhat Agree Special
 - Consideration was given to those responses that skew heavily to one side

Methodology

➤ Respondents

- 19 Ontarians – 58% epidemiologists
- 20 Americans - 40% administrators, 45% healthcare providers
 - Michigan -11
 - Minnesota – 4
 - Pennsylvania -1
 - Wisconsin – 4



Results



➤ Most important issue

- **Local & Federal Notifiable Disease Lists & Protocol for Contact**
 - Both Americans and Canadians were familiar with notifiable diseases and agents in their own country, but not the other
 - Americans also not certain of their local jurisdictional protocol for the reporting of those diseases to Canada, in the event it was necessary.
 - 47% of Canadians were familiar with local protocol for contacting cross-border counterparts



Overall, 17 (85%) of the Americans and 15 (79%) of the Ontarians rated this as an important topic, making it the number one issue for which they would desire a seminar

Results



➤ Second most important issue

- **WHO - International Health Regulations & Tribal/First Nation Relationships**

- 63% of the Canadian respondents stated that they do not know who their local cross-border American and First Nation counterparts are
- Nearly as many **DO NOT** know how to contact them should the need arise
- 55% of the Americans state that they **DO** know who their local cross-border Canadian and Tribal counterparts are; however, the majority agrees hesitantly (30% - Somewhat Agree)



Results

➤ **Second most important issue**

- **WHO - International Health Regulations & Tribal/First Nation Relationships**
 - 87% of both Americans and Canadians of the participants stated that they are not familiar with the procedures outlined in the World Health Organization's International Health Regulations regarding sharing of cross-border and Tribal/First Nation health information



Overall, 10 (53%) of the Ontarians and 14 (70%) of the Americans rated this as an important topic, making it the second-most important issue for which they would desire more training

Results

➤ Third/Fourth most important issue

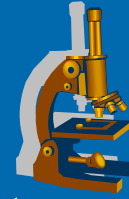
- **Norovirus and Other Prevalent Infectious Diseases**

- 90% of the Americans and 89% of the Ontarians were familiar with the symptoms and control of norovirus, methicillin resistant *Staphylococcus aureus* (MRSA) and vancomycin-resistant *Staphylococcus aureus* (VRSA)



Overall, 13 (65%) of the Americans felt this was an important topic and 11 (58%) of the Ontarians felt the same, making it the third most popular topic for a seminar in the United States and fourth in Ontario

Results



➤ Third/Fourth Most Important Issue

• Patient Sampling Improvements & Laboratory Testing

- 100% of the Ontarians surveyed recognize the role the regional public health laboratory plays in the identification of diseases and agents.
- 85% of the responding Americans agreed
- 40% of the participating Americans admit to not fully understanding the lab process – from submitting a sample to the turnaround times associated with the various tests
- In Ontario only four (21%) admit to not fully understanding the process

Gap in knowledge between the two groups

Overall, 70% of respondents confirmed a seminar focused on laboratory processes was important. In Ontario, this topic tied as the third most important topic with “Norovirus,” and in the United States it was ranked fourth, with a 10% spread between the third and fourth rankings in the United States.

Additional Interests of Respondents

➤ United States

- Establishing relationships with other governments such as MOUs
- How surveillance is conducted
- XDR TB (**before** Mr. Speaker's wild ride made the news :)



Additional Interests of Respondents

➤ Canada

- Communicable Disease aberration detection
- Syndromic surveillance systems
- Responsibilities of the border guards, quarantine officers and their role in reporting/surveillance
- Media messaging when diseases cross borders
- Infection control protocol/consistency cross-border
- Cross-border STI issues



How the Conference is addressing some of the identified training needs

- Presentations on
 - WHO's International Health Regulations
 - Norovirus response
 - Basic Laboratory processes
- Tabletop exercise
 - Practice process of contacting cross-border counterparts



Additional training needed

- Laboratory results and public health: course outline @Ubuffalo
- IHR specifics for implementation
- Overview of NIMS/ICS **for public health** for Ontarians (note that ICS doesn't start for PH until the event has already happened; thus situations such as XDRTB travel would not be prevented by this)
- tracking and mgmnt health care workers from other country if facility quarantined/isolated

Additional training needed

- Notifiable conditions training for clinicians/reporters
- (barrier: will take another health event to make public/non-border public health interested - get ready and saturate when the opportunity appears)

Survey Additions/changes

- Expand options for self-classification (health officer, epi, PHN, etc)
- consider working w/nat'l bodies (NACCHO, APHL)
- how to expand participants:
 - barrier: we're not a border county therefore it's not an issue
 - do it at a meeting
 - add electronic fun component

Survey Additions/changes

➤ How to deliver:

- electronic package/binder as resource
- t2b2 broadcast from UAlbany
- nynj public health training network
- Online
- TRAIN, other learning mngmnt systems

To provide further input:

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SO.....

Where do we go from here?

